ST	ATE OF SO	UTH CAROLINA)	191550				
	aption of Cas ample: Applica John D	se) ation for a Class C Charter Certificate from loe dba Doe's Limo		BEFORE THE LIC SERVICE COMMISSION OF SOUTH CAROLINA				
Apj Cor	olication for evenience an	Class C (Taxi) Certificate of Public d Necessity) TRANS) TRANSPORTATION COVER SHEET)				
(Plea	ase type or print) If this is your firs) have a Docket No.	st time filing an application with the PSC, you will not number. The Commission will assign one to you. If you ne Commission before, a Docket Number was assigned				
	omitted by:	Jerome G. Parker	Telephone:	843-303-0989				
Ad	dress:	1731 Snowden Road	Fax:					
		Mt. Pleasant SC 29464	Other: Email:					
oe fi	lled out comple	NATURE OF ACTIO		outh Carolina for the purpose of docketing and must				
Z	Application	– Class C Taxi		Request to Amend Scope of Authority				
	Application	- Class C Charter		Request to Amend Tariff (rate increase, etc.)				
	Application	- Class C Charter Bus		Request to Amend Passenger Limit				
	Application -	- Class C Non-Emergency		Request				
	Application -	- Class E Household Goods		Exhibit				
	Application -	- Class E Hazardous Waste		Late-Filed Exhibit				
Z	Application			Letter				
	Request for l	Extension to Comply with Order		Proposed Order				
	Request for C Public Conv	Order Granting Authority to Obtain Certificate enience and Necessity to Be Rescinded	of \Box	Publisher's Affidavit				
	Request for (Cancellation of Certificate		Reservation Letter				
	Request for S	Suspension		Response				
	Request for I	Reinstatement		Return to Petition				
	Request for 1	Name Change on Certificate		Other:				

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA ATTN: DOCKETING DEPARTMENT 101 EXECUTIVE CENTER DRIVE

COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211) Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS <u>C - TAXI</u>

6.

DATE Feb 18, 20 08

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
<u> </u>	erone G Parker
2.	(a) Street Address of Applicant 1731 SNOWDEN RD.
Mt.	PLEASANT S.C. 29464
	(b) Mailing address, if different from street address
	(c) Telephone Number 843-303-0989 Fed. ID#
3.	If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4.	(a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.
5.	The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

LOURENING DEPT

The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BA	L۸۱	1C	Е	Sł	4	Е	E	T

	Balance at Time Application is Filed: Month: <u>Fcb 18</u> Year: <u>2008</u>
Assets:	
Cash	2 2 2 2 2
Receivables	d,000,00
Real Estate	9
Buildings and Equipment-Net	8
Motor Vehicles-Net	8
Garage Equipment-Net	3,500.00
Machinery and Tools-Net	7600 100
Supplies on Hand	400.00
Prepaids and Other Assets	<i>y</i> .
Total Assets	5,900.00
Liabilities and Equity: Accounts Payable Notes Payable Mortgages Payable Equipment Obligations Accrued Salaries and Wages Other Accrued Obligations Other Liabilities	8 400.00 862.23 8
Total Liabilities	1,262.23
Capital Stock	f
Retained Earnings	
Total Equity	
Total Liabilities and Equity	1,262.23

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,
COUNTY OF Chaleston
1. Derome G. Parker. Owner
(Name of Applicant's Representative) (Title)
of Jerone G. Yarker the Applicant for the Cartificate of Public (Applicant)
the convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the all
Application are true and correct.
SWORN TO BEFORE ME At Charles to
This the 18 day of Feb 2008
Marie Ellington Marie Ly (Notary Public) (Signature of Applicant's Representative)
Commission Expires: () 4 - 5 - 17

CLASS	C
	\sim

TAXI___X

CHARTER____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Jerome G. Parker
For the transportation of passengers as follows:
Area to be served: Trident Area
Number of passengers: 5
Fares: Attached
Date 218-02 Jane Hank
Ву
_ Orene
Title

Rev.10/03



passengers are \$12.00 per passenger two (2) passengers. rate of \$2.15 mile, which includes up to Taxi fares are based on a trip meter Additional

on" the meter, there will be no charge to the customer. In the event that a driver fails to "turn associated with your metered taxi trip. There are no other additional fees

claim. terminal building, outside of baggage Taxis are available in front of the

The Air Part, Fixed FARE of 9,00 per Person. For Destinations within the passenger or group to one specific Taxis are dispatched upon demand of

> DAIM LE ESTIMATED TAXI FARES

> > DOWN TOWN CharlesiON

	2.00 per passenger	5 per mile and ir sengers are \$12	neuer later is based on \$2.15 per mile and includes up to two passengers. Additional passengers are \$12.00 per passenger per trip.
65.00	\$57.00	26.6	KSC
19	\$41.00	18.9	
45,00	\$24.00	11.1	GOOSE CREEK, City Limits
35,00	\$51.00	23.5	
	\$43.00	19.9	1417-LO CIT MITTO
12.00	\$35.00	16.2	East Cooper Hospital
10.00	\$29.00	13.3	Patriots Point
3007	\$23.65	11.3	Daniel Island
27.00		-	EAST COOPER AREA
,	\$62.00 75 60	29.0	Kiawah Island Gate
45.00	\$65.00	30.0	Seebrook Island Gate
1600	\$31.00	14.6	Buzzard's Roost Marina
1.			JOHNS ISLAND
30 00	\$23.00	10.7	Trident Hospital
25,00	\$19.00	9.0	Otranto
25.00	\$15.00	7.1	NOTTIWOODS Mail
20,00	\$12.00 \$12.00	5.7 5.7	Greyhound
20.0	\$9.00	4.3	Hanahan
			NORTH AREA
103 2 1	\$44.00	20.3	Folly Beach
2500	\$42.00	19.3	Oak Island Drive
15,00	\$37.00	17.1	Ft. Johnson Road
10.00	\$30.00	13.8	Harris Teeter, Folly Road
	,		JAMES ISLAND & Resorts
35.00	\$38.00	17.7	ton Place
	\$22.00	10.3	St. Andrews Shopping Center
00.00	\$18.00	8.6	Northbridge Piggly Wiggly
15.00	\$16.00	7.4	Citadel Mall
	•		WEST ASHLEY AREA
~	\$29.00	13.4	Corner of King and Broad
2500	\$27.00	12.4	South Carolina Aquarium
25 00	\$27.00	12.4	Charleston Place
	\$26.00	12.0	Francis Marion Hotel
シャック	\$25.00	11.5	MUSC
	\$25.00	11.5	The Citadel
00.00	TAKE		DOWNTOWN CHARLESTON
	METER BASED	NUMBER OF MILES	DESTINATION
r inch			

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA DESCRIPTION OF EQUIPMENT

VEAD	MODEL &			WEIGHT	CARRYING
YEAR	MAKE C V	VIN#		EMPTY	CAPACITY *
999	Ford	2 FAFP71W	1×××110492	3800	5
* Seats i	f passenger c	arrier.			
			1		
			Jorome	Honk	
	L-18-	08	(Applicar		
Date:_ ✓			TEROME (Applicant's Rep	TARKEI	2
			\sim	nes	
			(Title)		

INSURANCE QUOTE

The following insurance quote is for:
Jerome G. Parker (Name of Motor Carrier)
(Name of Motor Carrier)
(Address of Motor Carrier)
Amount of Premium:
Liability Insurance 6,269.00
The above quoted premium is for a term of 12 months.
Minimum Limits - Intrastate Only:
1 - 7 passengers - 25,000/50,000/25,000 8 - 15 passengers - 25,000/100,000/25,000
National Casualty Converse
- CORPARY
National Casualty Company (Insurance Company Name)
(Insurance Company Name) 8877 North Gainey Center Dr., Scotts dale, AZ 85255 (Home Office Address of Company)
(Home Office Address of Company) is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in

Rev 5/07